



515 N. Sam Houston Parkway East, Suite 500, Houston, TX. 77060

457 Deferred Compensation Agreement

Part 1: Participant Information (Please Print)				
First Name	Middle Initial	Last Name	Social Security #	
Home Address	City	State	Zip Code	Home Phone# ()
Date of Birth	Date Hired mm/dd/yy	Annual Salary \$		
Employer / School District			Work Phone# ()	
Investment Carrier:			# of Pay Periods 10 12 24 Other (CIRCLE ONE)	

Part 2: Salary Reduction Program Instructions	
<input type="checkbox"/> New <input type="checkbox"/> Restart <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Stop <input type="checkbox"/> Suspend 6 mths due to Unforeseen Emergency	
EFFECTIVE DATE: <input type="checkbox"/> As soon as possible <input type="checkbox"/> Pay date ____/____/____ (Must be turned in prior to the first of the month)	
<input type="checkbox"/> Contribution Amount (Per Pay Period) (Inc/Decrease from \$ _____ to \$ _____)	\$ _____
<input type="checkbox"/> Eligible and Participating in the "Age 50 + Catch-Up" Provision	\$ _____
<input type="checkbox"/> Eligible and Participating in the "Final 3 Years Prior to Retirement Catch-Up" Provision (must include catch-up worksheet and cannot be used along with a 50+ catch-up)	\$ _____
TOTAL CONTRIBUTION PER PAY PERIOD:	
\$ _____	

Part 3: BENEFICIARY INFORMATION		RELATIONSHIP:	DOB:
Primary:			
Contingent:			

Part 4: DISCLOSURE STATEMENT DEFERRED COMPENSATION IRC SECTION 457 OF THE REVENUE ACT OF 1978, AS AMENDED BY THE H.R. 1836, EGTRRA 2001

Withdrawals of an individual's Deferred Compensation contributions and earnings are only permitted under certain conditions listed below:

Qualifications	Payout Options
• Retirement,	• Lump sum;
• Disability, or	• Installments paid over a selected period; or
• Severance from employment; or	• Installments paid over a lifetime or joint lifetimes;
• Death; or	• Deferral of distribution (not to exceed age 70 1/2)
• Approved unforeseen emergency due to hardship	• Portability

Part 5: Agreement

- The Participant agrees to participate under the Plan and thereby defers the amounts described above except that the amount deferred hereunder shall not exceed the lesser of the Section 457 dollar limit or 100% of the Participant's includable compensation or such other sum as is permissible pursuant to the provisions of Section 457 of the Code in any calendar year.
- All amounts deferred pursuant to the provisions of paragraph 1 hereof shall not be paid to the Participant but shall be contributed by the Employer to the Plan for credit to the account of the Participant as described in the Plan. Notwithstanding any other provision of the Plan, all contributions to this Plan, including any annuity contract held to fund the Plan, and all accumulations thereon, shall be held for the exclusive benefit of the Participant and his/her beneficiaries under the Plan. I further understand that a taxable event may occur at the time ownership of the contract is transferred to me or upon payment of the death benefit.
- I acknowledge I have read the qualifications for a distribution on my 457 Deferred Compensation account. With the exception of certain payout options or death benefits, contingent deferred sales charge may apply to an annuity withdrawal or transfer. Consult the prospectus or the contract for details.

Distributions from Deferred Compensation contracts have federal income tax consequences. Please consult your tax Consultant or financial advisor regarding your specific situation

Part 6: Signatures (REQUIRED)

Employee Signature: _____ Date: ____/____/____

The Employer hereby acknowledges receipt and acceptance of the foregoing request to amend employment contract on this _____ day of _____, 20____.

Employer Signature: _____ Date: ____/____/____

Verifying Agent Signature: _____ Date: ____/____/____